

Joint Committee on Performance Evaluation and Expenditure Review



Background Check Résumé

Please type your answers.

Information on this form will be verified by PEER Committee Staff

POSITION EXPERIENCE:

Which governmental entity have you been appointed to serve? _____

Is this a reappointment to this position? YES ____ NO ____ Prior terms of service: _____

Please describe specific knowledge and experience that qualify you to serve in this position:

Please Note: If you have been appointed to either the Veterans' Affairs Board or Veterans' Home Purchase Board you must download and attach additional PEER Form A.

CURRENT AND PRIOR GOVERNMENT EXPERIENCE:

List current and prior positions held in local, state or federal government.

Government Entity	Position Held	Dates of Service

PERSONAL INFORMATION:

A. Full legal name:

(Title) (Last) (First) (Middle) (Maiden) (Sr., Jr., III, II)

Nickname _____ Other legal names held by you within the last fifteen (15) years _____

Date of birth _____ / _____ / _____ Place of birth _____
(Mo) (Day) (Year) (City) (State/Country)

Current home address _____
(Physical Street Address) (City) (State) (Zip Code)

Current mailing address _____
(Street Address/PO Box) (City) (State) (Zip Code)

County _____ U.S. Congressional District _____

Home telephone number (____) ____ - ____ Business telephone number (____) ____ - ____

Cell telephone number (____) ____ - ____ E-mail address _____

B. Former residences: List all residences occupied by you for the past fifteen (15) years.

Addresses of Former Residences	Dates of Residency

C. Are you a registered voter? YES ____ NO ____

County _____ Precinct name/number _____ Date of registration _____

D. If your county of residence has more than one judicial district, in which district do you reside?

E. If you claimed a homestead exemption, in which county is the property located? _____

Address of homestead property: _____
(Physical Street Address) (City) (State) (Zip Code)

MARITAL INFORMATION:

Single ____ Married ____ Separated ____ Divorced ____ Widowed ____

A. Current marriage

(Date) (City) (State)

Spouse's full name (maiden) _____

Date of birth ____ / ____ / ____ Place of birth _____
(Mo) (Day) (Year) (City) (State/Country)

Last four digits of spouse's social security number: XXX-XX- _____

Residence _____
(Physical Street Address) (City) (State) (Zip Code)

Home telephone number (____) ____ - ____ Business telephone number (____) ____ - ____

Spouse's employer: _____ Occupation: _____

Address of spouse's employer _____
(Physical Street Address) (City) (State) (Zip Code)

B. Previous marriages: List below the names, decree date and current addresses of former spouses.
Please indicate if deceased.

Name of Former Spouses	Decree Date	Current Address

FAMILY INFORMATION:

A. Children: List names, birth dates, and current addresses of all children, including step-children and adopted children.

Name	Birth Date	Current Address

B. Parents: List names, relationship and current addresses of parents, parents-in-law, or former legal guardian. Please indicate if deceased.

Name	Relationship	Current Address

C. Siblings: List names, relationship and current addresses of brothers, step-brothers, sisters and step-sisters.

Name	Relationship	Current Address

POST-SECONDARY EDUCATIONAL INFORMATION:

List colleges, universities and vocational/technical schools attended and the corresponding certificates, diplomas or degrees received, major field of study/program and years of attendance.

Name/Address of Institution	Degree Received	Major/Program	Year

EMPLOYMENT INFORMATION:

A. Current Employment: Please mark "N/A" if you are not currently employed and indicate if you are retired. If retired, please include information about the employment or profession you retired from in this section.

Name/Address/Telephone # of Employer	Employment Date	Position Title	Supervisor's Name/Title

Please describe your duties and responsibilities: _____

Business type _____ Occupation type _____

B. Former Employment: Please provide information about your employment history for the past ten (10) years.

Name/Address/Telephone # of Former Employer	Employment Dates	Position Title	Supervisor's Name/Title

LEGAL INFORMATION:

NOTE: Please mark “yes” or “no” for each of these questions. If you mark “yes” to any questions in this section, please provide copies of records that document the disposition or current status of legal actions in which you are currently or have been involved. If you need more space to divulge information about additional legal actions (civil suits, judgment or liens) in which you have been involved, you must download and attach PEER Form B.

A. Civil Suits: Have you or your spouse, during your marriage, had any civil suits brought against you or any of your businesses? YES ____ NO ____ Date _____

Defendant(s) name _____ Business address _____
(Personal/business name)

Location of court of jurisdiction _____ Court type _____
(County) (State) (e.g., circuit, chancery or county court)

Disposition _____ Amount _____
(e.g., open/active, settled/dismissed, judgment for plaintiff/defendant)

Briefly describe case type (e.g., breach of contract/land dispute), the cause of action or plaintiff's complaint and the circumstances: _____

For the next two questions, the term civil judgment refers to any judgment rendered regarding civil matters and not as a result of criminal prosecution, and the term lien is defined as any interest in property acquired by any person through any judicial or administrative proceeding which may be enforced by the seizure and sale of property you own. Common types of liens include Mississippi Department of Revenue liens, Internal Revenue Service liens, liens securing a civil judgment, etc. If you need more space to divulge information about additional legal actions (civil suits, judgments or liens) in which you have been involved, you must download and attach PEER Form B.

B. Civil Judgments: Have any judgments been issued against you, your spouse during your marriage, both of you jointly or any of your businesses? YES ____ NO ____ Date _____

Defendant(s) _____ Plaintiff(s) _____
(Personal/business name)

Business address _____
(Street Address) (City) (State) (Zip Code)

Location of court of jurisdiction _____ Court type _____
(County) (State) (e.g., circuit, chancery or county court)

Disposition _____ Has judgment been satisfied/paid in full? YES ____ NO ____
(e.g., active/open, closed/cancelled)

Briefly describe case type (e.g., civil, creditor, state tax) and briefly explain the circumstances:

Is the judgment currently in force against you? If yes, please explain circumstances:

C. Liens: Have any liens been brought against you, your spouse during your marriage, both of you jointly or any of your businesses? YES ____ NO ____ Date _____

Defendant(s) _____ Plaintiff(s) _____
(Personal/business name)

Business address _____
(Street Address) (City) (State) (Zip Code)

Location of court of jurisdiction? _____ Court type _____
(County) (State) (e.g., Circuit, Chancery or County Court)

Disposition? _____ Has lien been released/paid in full? YES ____ NO ____
(e.g., active/open, closed/cancelled)

Date _____ Amount _____ Briefly describe lien type and (e.g., federal or state tax) and the circumstances: Is the lien currently in force against you? If so, please explain the circumstances: _____

***NOTE: Please fill out the Department of Revenue Tax Information Waiver Form for the release of individual tax information to the PEER Committee for verification of the above statements.**

D. Bankruptcy: Have you or your spouse during your marriage, or any of your businesses while you or your spouse were owner, ever filed bankruptcy? YES ____ NO ____

Type of bankruptcy: Personal ____ Business ____

Business name and address: _____

If personal, who filed? You ____ Spouse ____ Jointly ____ Date of filing _____

Location of court of jurisdiction _____ Court type _____
(County) (State) (e.g., Federal Bankruptcy Court North/South District)

Disposition _____ Discharged amount _____
(e.g., open/active, closed/discharged) (Amount of debt)

Briefly describe the type of filing and the circumstances (e.g., Consumer debt, business reorganization, chapter number): _____

E. Criminal History: Have you ever been arrested or had any criminal charges (felonies or misdemeanors) or citations brought against you excluding parking tickets and tickets for minor moving violations?
YES ____ NO ____ Date _____ Offense/charge _____

Location of court of jurisdiction? _____ Court type _____
(County) (State) (e.g., justice/municipal, circuit/county or federal)

Arresting/citing authority _____ Disposition _____
(e.g., Police/Sheriff, Highway Patrol, Game Warden) (e.g., dismissed, non-adjudicated, guilty/not guilty)

Where you convicted? YES ____ NO ____ Did you pay a fine? YES ____ NO ____ Amount: _____

Briefly describe the circumstances that led to the arrest/charges and the final disposition of your case:

BUSINESS INFORMATION:

List all businesses in which you or your spouse have current or past ownership during the last fifteen (15) years, explain the type of business and the amount of interest/ownership in the business.

A. Do you or your spouse currently own a business? YES ____ NO ____
Owner: You ____ Spouse ____ Both ____

Business name _____

Business address _____
(Street) (City) (State) (Zip Code)

Federal Tax ID Number _____ - _____ Phone number (____) _____ - _____

If other than a sole proprietorship, business type _____ Dates owned _____
(e.g., Corp., LLC, LLP, Partnership)

What percent interest/ownership is held in this business _____

If business is a partnership, please list the general partners _____

B. Do you or your spouse currently own any other businesses? YES ____ NO ____
Owner: You ____ Spouse ____ Both ____

Business name _____

Business address _____
(Street) (City) (State) (Zip Code)

Federal Tax ID Number _____ - _____ Phone number (_____) _____ - _____

If other than a sole proprietorship, business type _____ Dates owned _____
(e.g., Corp., LLC, LLP, partnership)

What percent interest/ownership is held in this business? _____

If business is a partnership, please list the general partners _____

C. Within the last fifteen (15) years, have you or your spouse, during your marriage, owned any other businesses? YES _____ NO _____ OWNER: You _____ Spouse _____ Both _____

Business name _____

Business address _____
(Street) (City) (State) (Zip Code)

Federal Tax ID Number _____ - _____ Phone number (_____) _____ - _____

If other than a sole proprietorship, business type _____ Dates owned _____
(e.g., Corp., LLC, LLP, partnership)

What percent interest/ownership is held in this business? _____

If business is a partnership, please list the general partners _____

***NOTE: TO DISCLOSE ADDITIONAL BUSINESS OWNERSHIP, PLEASE DOWNLOAD AND ATTACH PEER FORM C.**

CIVIC/PROFESSIONAL MEMBERSHIPS AND PROFESSIONAL LICENSES:

A. Civic Organizations: List the names, addresses, and dates of membership for your current or past civic memberships.

Names/Addresses of Civic Organizations	Dates of Membership

B. Professional Organizations: List the names, addresses, and dates of membership for your current or past professional memberships.

Names/Addresses of Professional Organizations	Dates of Membership

C. Are you currently licensed in a profession by a state or federal licensing authority?

YES ____ NO ____

If yes, please provide the name and telephone number of the state/federal licensing authority:

License number _____ Type of license _____

Original date of licensure _____ Expiration date of licensure _____

Are you currently in good standing with the licensing authority? YES ____ NO ____ If you answered no, please provide a brief explanation _____

Has the licensing authority ever taken disciplinary action against you? YES ____ NO ____ Date _____

If you answered yes, please provide a brief explanation _____

MILITARY INFORMATION:

A. Were you ever a member of the armed forces? YES ____ NO ____

Military Branch _____ Rank _____ Grade _____

Position Title _____ Active or Reserve Status _____ Dates of Service _____

B. Were you discharged under honorable conditions? YES ____ NO ____

C. Is form DD214 recorded in a Chancery Clerk's office? YES ____ NO ____ County/State _____

Please attach a copy of form DD214 (Discharge Form). If your form DD214 is not available please submit a notarized sworn affidavit as to your military service and conditions of discharge. **(Either a form DD214 or a sworn affidavit must be submitted if you have military service.)**

ETHICS INFORMATION:

A. Have you ever filed a "Statement of Economic Interest" form with the Mississippi Ethics Commission? YES ____ NO ____

If yes, please provide the date of your most recent filing _____

REFERENCES:

A. Professional References: List the names (including prefix Mr., Mrs., Ms.), addresses, telephone numbers, and title and place of employment of three professional references.

Name/Address	Telephone #	Email Address	Title/Place of Employment	Years Known

B. Character References: List the names (including prefix Mr., Mrs., Ms.), addresses, telephone numbers, and title and place of employment of three character references (excluding relatives and former employers).

Name/Address	Telephone #	Email Address	Title/Place of Employment	Years Known

* * * * *

**I SOLEMNLY SWEAR (OR AFFIRM) THAT THE ANSWERS I HAVE PROVIDED
HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Date: _____ Signature of Appointee: _____

STATE OF MISSISSIPPI

County of _____ Sworn to and subscribed before me, this the _____ day of _____ 20____.

(Notary Public) My Commission Expires: _____